

1. Capacity

1. Indicate whether you have any CDBG General, Native American, or Colonias grants for the years 2001, 2002, 2003, or 2004?

☐ **Yes. What type:** ☐ **General** ☐ **Colonias** ☐ **Native American Grants**

Specify which year(s): _____ _____ _____
 _____ _____ _____
 _____ _____ _____

If yes, STOP HERE. Skip question #2.

☐ **NO - Have not had any CDBG Grants in 2001-2004.**

If no, CONTINUE with question # 2 below.

2. If funded from this application, how will you administer the grant? *You must attach supporting documentation for this part of the application.*

☐ With in-house staff only. (*Attach resumes and duty statements of staff that will be performing the work.*)

☐ With program operator services only.

- *Attach a letter of interest from the program operator that includes a brief description of experience administering CDBG projects.*
- *Neighboring jurisdictions that have previously administered a CDBG project are considered program operators for purposes of this question.*
- *If funded, the Grantee will be required to enter into a contract or sub-recipient agreement, as applicable, with the program operator.*

☐ Some combination of in-house and consultant services. Describe below.
(*Attach resumes, duty statements, letters, etc. as indicated above.*)

Supporting documentation is included in this application on Page # _____.

PART C - Applicant Capacity & Funding Sources

2. Other Funding Sources - LOCAL

Please identify other funding sources (local), for all activities included in this application. (To be considered as leverage, funding must be committed.)

Name of CDBG Activity (Public Services, Housing Rehabilitation, Public Works, etc.)	Use of Funds (General Admin., activity delivery, or the activity)	Source of Funds (Applicant's general fund, RDA funds, other local government, etc.) & Specify Resolution #	Funding Type (Loan, grant, in-kind staffing, fee waivers, etc.)	Dollar Amount	Commitment Date	Page # where documentation can be found in this application
	General Admin.			\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
TOTAL				\$		

(shaded area is for HCD use only)

If you are proposing any of the following activities, indicate how many housing units will be assisted: Housing Rehab. = _____ Housing Acquisition = _____	leverage:	# of Units:	Per unit leverage:

PART C - Applicant Capacity & Funding Sources

3. Other Funding Sources – PRIVATE

Please identify other funding sources (private), for all activities included in this application. (To be considered as leverage, funding must be committed.)

Name of CDBG Activity (Public Services, Housing Rehabilitation, etc.)	Use of Funds (General Admin., activity delivery, or the activity)	Source of Funds (Name of Source) Include Commitment Letters	Funding Type (loan, grant, in-kind staffing, discounts, donations, etc.)	Dollar Amount	Commitment Date	Page # where documentation can be found in this application
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
Housing Rehab.	Sweat Equity	_____ Hrs. X \$10 an hour =		\$		

***Sweat Equity/Lead-Based Paint compliance (see instructions):** *(check all that apply)*

Homeowners will:

☐ be required to take 1-day Work Safe class

☐ not be allowed to work on any home built prior to 1979

☐ not be allowed to work on any lead areas

TOTAL Private Leverage

\$

PART C - Applicant Capacity & Funding Sources

4. Other Funding Sources - STATE (cannot be counted as leverage for ranking purposes)

Please identify other funding sources (State), for all activities included in this application.

Name of CDBG Activity (Public Services, Housing Rehabilitation, etc.)	Use of Funds (General Admin., activity delivery, or the activity)	Source of Funds (Identify Source) Include Commitment Letters	Funding Type (loan, grant, in-kind, fee waivers, etc.)	Dollar Amount	Committed? (yes/no)
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

PART C - Applicant Capacity & Funding Sources

5. Other Funding Sources – Other FEDERAL (cannot be counted as leverage for ranking purposes)

Please identify other funding sources (Federal), for all activities included in this application.

Name of CDBG Activity (Public Services, Housing Rehabilitation, etc.)	Use of Funds (General Admin., activity delivery, or the activity)	Source of Funds (Identify Source) Include Commitment Letters	Funding Type (loan, grant, in-kind, fee waivers, etc.)	Dollar Amount	Committed? (yes/no)
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

PART C - Applicant Capacity & Funding Sources

6. Program Income

1. Enter the total amount of Program Income on account
as of December 31, 2004:

\$ _____

2. Enter the amount of Program Income that has been committed to activities in this application:

Activities/projects proposed in **this application** to which Program Income Funds will be committed (see attached resolution on page #_____).

Identify activities:

Use of Funds

(General admin. activity delivery, the activity)

Dollar Amount Committed
(per attached Resolution)

\$

\$

\$

\$

\$

\$

\$

\$

\$

3. Total Dollar Amount of Program Income funds **Committed** to activities in this application.

\$ _____

4. Total Dollar Amount of **Non-Committed** Program Income: (1. – 3.)

\$ _____

Important Note: All Program Income that is being committed to activities in this application **must** be identified in the governing body resolution. In addition, the applicant must ensure that proper citizen participation guidelines were followed.

ACTIVITY DESCRIPTION FORMS

This section of the application contains seven sets of forms (one for each category) with *Instructions* at the beginning of each section.

- Housing--New Construction
- Housing--Acquisition
- Housing--Rehabilitation
- Public Services
- Community Facilities
- Public Works
- 10% Set-Aside Activity / Slums and Blight (**Not** applicable for Colonias)
&
Planning Activities (for Colonias only)

How to proceed:

1. Select the category of activity you wish to propose. You may apply for more than one activity.
2. Pull the appropriate sections of the application for the activities you are proposing. Please review the Instructions before filling out the forms.
3. Complete all required parts of the application (Part A, Part B, Part C, and Activity section(s). Photocopy additional pages as needed.
4. Review the Activity Checklist(s) to be sure you have included all the required and necessary documentation for each activity that is included in this application.
5. In order to facilitate State staff review and ranking of your application, please use binder tabs and dividers to separate the application into appropriate sections (Part A, Part B, Part C, each proposed activity, and to identify back-up documentation).